**OFFER OF AGREEMENT APPENDIX 6**

**Supplier: (insert name)**

WDH/XXHAB/LIFTMAINTENACE/2021/2024

**Quote Reference (insert)**

Having examined all the documents provided in the Quote pack and, subject to and upon the terms and conditions contained in the pack, I/We offer to supply the Goods and/or Services to Wakefield and District Housing (WDH) at the rates/prices detailed in the returned Price Schedule.

I/We agree that this Quote and any Agreement and subsequent contract which may result from it shall be based upon the stated documents and bearing the contract reference shown at the top of this Quote.

 (1) Price Schedule

(2) WDH Specification

(3) WDH Terms and Conditions of Contract

I/We agree that any other terms or conditions of contract or any general reservations or correspondence subsequently emanating from us/me in connection with this Quote or with any contract resulting, shall not be applicable to the Agreement and subsequent contract unless provided by me/us as part of the returned bid and which is subsequently agreed in writing by WDH.

I/We have read and will support the WDH approach to [Equality and Fairness in Contracts](http://www.wdh.co.uk/Documents/pl/Corporate%20Documents/Equality%20and%20fairness%20in%20Contracts.pdf)

The prices quoted in this Quote are valid and open to acceptance for a period of 3 calendar months from the Quote return date specified in the Quote.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised to sign quotes for and on behalf of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acceptance of Agreement**

The above offer from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is accepted on behalf of the WDH on the basis of Agreement stated above.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Telephone Number: Date: